PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to resp **DECLARATION FOR UTILITY OR**

DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial
Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

pond to a collection of information	1 unless it contains a valid OMB control number.
Attorney Docket Number	D-7888
First Named Inventor	Bonnain, Jean-Christophe
COM	PLETE IF KNOWN
Application Number	10/807,712
Filing Date	03/19/2004
Art Unit	3721
Examiner Name	

I hereby declare that:	·					
Each inventor's residence, ma	iling address, a	and citizenship are as stated b	elow next to	their name.		
I believe the inventor(s) name which a patent is sought on the) of the subje	ct matter whi	ch is claim	ed and for
PACKAGING SYSTEM	M, APPARA	TUS AND METHOD 1	THEREFO	R		
		_				
		(Title of the Invention)				
the specification of which						
is attached hereto						
OR				•		
was filed on (MM/DD/Y	YYY)	3/19/2004 as Uni	ted States Ap	plication Nur	mber or P(CT International
Application Number 10/80	07,712	and was amended on (MM/I	OD/YYYY)			(if applicable).
I hereby state that I have revie amended by any amendment:	wed and under	rstand the contents of the about red to above.	ve identified	specification,	including	the claims, as
I acknowledge the duty to di	sclose informa	tion which is material to pate	entability as	defined in 3	7 CFR 1.5	56, including for
continuation-in-part application	ns, material inf	ormation which became avail	able betweer	the filing da	ate of the	prior application
and the national or PCT intern				f and familia	annii antii	/-> fortt
I hereby claim foreign priority inventor's or plant breeder's ri	o benents unde lights certificate	r 35 U.S.C. 119(a)-(d) or (t), (s), or 365(a) of any PCT inte	, or 365(b) o emational api	r any roreign olication whic	n application ch designa	in(s) for patent,
country other than the United	States of Amer	ica, listed below and have als	so identified b	elow, by che	cking the	box, any foreign
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						ving a filing date
Prior Foreign Application	i which phonly	Foreign Filing Date	Prio	rity K	Certified C	opy Attached?
Number(s)	Country	(MM/DD/YYYY)	Not Cla		Yes	No No
0122675.2	GB	09/20/2001	Γ			V
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Additional foreign applicat	tion numbers at	re listed on a supplemental pri	iority data she	eet PTO/SB/0	ns attach	ea nereto.

[Page 1 of

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

					_				
Direct all correspondence to:	Custome	r Number:				OR	V	Corresp	pondence address below
Name									
MEADWESTVACO CORPORATION	1								
Address									
4850 NORTH CHURCH LANE SE S	SUITE D								
City	· · ·			State)				ZIP
SMYRNA				GA					30080
Country		Telephone	е			Fax			
U.S.A.		404-897-4	425			404-	897-442	6	
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and fur le are punishal	ther that tole by fine	hese stat	ement onmen	s wer	e made oth, un	e with der 18	the kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has b	een file	d for thi	s unsiar	ned inventor
Given Name						Family	Name		
(first and middle [if any]) JEAN-CHRISTOPHE					g Surname				
Inventor's									Date
Signature									13/04/04
Residence: City	State			Cour	ntry			Citizer	nship
CHATEAUROUX				FRANCE FRENC				Н	
Mailing Address 4850 NORTH CHURCH LANE SE,	SUITE D				• ·				
City	State				ZIP				Country
SMYRNA	GA				3008	0		ľ	USA
NAME OF SECOND INVENTO	R:	-			Ar	etition	has bee	en filed, f	or this unsigned inventor
Given Name (first and middle [if any]) ARNAUD						amily N 68469a			
Inventor's Signature	-								13/06/604
Residence: City	State			Cour	ntry	·		Citizer	nship
Maillet				FRANCE FRENC		FRENC	н		
Mailing Address 4850 NORTH CHURCH LANE SE,	SUITE D	-							
City	State				ZIP			Count	ry
SMYRNA	GA				30080)		USA	
Additional inventors or a legal re	presentative are be	ing named on	the 1	supplem	ental sh	eet(s) PT	O/SB/02/	or 02LR	attached hereto.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S)

DECLARATION		Supplemental Sheet Page 3 of 3				
			-			
Name of Additional Joint Inventor, if any:		A peti	ition has been filed fo	or this u	nsigned inv	entor
Given Name (first and middle (if any)		Family Nam	e or Surname			
FREDERIC		CHABANNE				
Inventor's Signature		Levy			Date 29 6464	
CHATEAUROUX Residence: City	State		FRANCE Country		RENCH Citizenship	
MEADWESTVACO CORPORATION Mailing Address						
4850 NORTH CHURCH LANE SE, SUITE D Mailing Address						
SMYRNA City	GA State		30080 Zip		USA Country	
Name of Additional Joint Inventor, if any:		☐ A peti	ition has been filed fo	or this u	nsigned inv	entor
Given Name (first and middle (if any)		Family Name or Surname				
OLIVIER		QUIBEL				
Inventor's Signature		Date 13	104/04			
CHATEAUROUX Residence: City	State		FRANCE Country			FRENCH Citizenship
MEADWESTVACO CORPORATION Mailing Address					<u> </u>	
4850 NORTH CHURCH LANE SE, SUITE D Mailing Address						
SMYRNA City	GA State		30080 Zip		USA Country	
Name of Additional Joint Inventor, if any:			ition has been filed fo	or this u		entor
Given Name (first and middle (if any)		Family Name or Surname				
,						
Inventor's Signature		Date				
Residence: City State			Country			Citizenship
Mailing Address		Name of the last o				
Mailing Address						
City	State		Zip		Country	

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Application Number	10/807,712	
Filing Date	03/19/2004	
First Named Inventor	Jean-Christophe B	NIANNC
Title	Packaging System,	Apparatu
Art Unit	3721	Method
Examiner Name		
Attorney Docket Number	D-7888	フ

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I hereby appoint:				7	
Practitioners associated	with the Customer Number:				
OR				j	
X Practitioner(s) named be	low:				
""	Name		Posistration Nur	nber	
		A. Boshinski, reg. no. 30,611 L. Bowman, reg. no. 46,432			
		nel V. Drew, reg. no. 30,832			
	Terry 6	B. McDaniel, reg. no. 28,444		· · · · · · · · · · · · · · · · · · ·	
		B. Reece IV, reg. no. 33,998	•		
		hiko Suzuki, reg. no. 36,321		ha Haitad Otataa Datant and	
as my/our attorney(s) or agent(s) Trademark Office connected the		n identified above, and to tran	isact all business in t	ne United States Patent and	
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OR					
The address associat	ed with Customer Number:		}		
OR					
Firm or Individual Name		MeadWestvaco Corpora	tion		
Address	 	Law Department	_		
Address		4850 North Church Lane	, SE <u> </u>		
City		Suite D	, T	Zip	
Country	USA	Smyrna, Georgia 3008	50 <u> </u>		
Telephone	(404) 897-4425	Fax ((404) 897–442	26	
I am the:					
X Applicant/Inventor.					
	the entire interest. See 37 CF FR 3.73(b) is enclosed. (Form				
	SIGNATURE o	f Applicant or Assignee of	Record		
Name Olivier OUI	IBEL				
Signature (<u> </u>	· · · · · · · · · · · · · · · · · · ·	Transfer		
Date 13/04/05 Telephone					
NOTE: Signatures of all the inventor forms if more than one signature is a		ntire interest or their representativ	re(s) are required. Subm	nit multiple	
*Total of	forms are submitted.	2223			

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	ormation unless it displays a valid OMB	control number.
Application Number	10/807,712	
Filing Date	03/19/2004	
First Named Inventor	Jean-Christophe Bo	NIANNC
Title	Packaging System,	Apparatu
Art Unit	\$721	Method
Examiner Name		
Attorney Docket Number	₽-7888	

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I hereby appoint:				
Practitioners associated v	with the Customer Number:			
OR				
X Practitioner(s) named bel	ow.			
A Tractitioner(s) named ber				
	Name Thomas	A. Boshinski, reg. no. 30,611	Pegistration Number	
	Donald	L. Bowman, reg. no. 46,432		·
		ael V. Drew, reg. no. 30,832 B. McDaniel, reg. no. 28,444		
		B. Reece IV, reg. no. 33,998		
	Tsugil	hiko Suzuki, reg. no. 36,321		
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The address associate	ed with Customer Number:			
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Address		Law Department 4850 North Church Lane,		
Address		Suite D		
City		Smyrna, Georgia 30080	Zip	
Country Telephone	USA (404) 897-4425	Fax (4	404) 897–4426	
I am the:	(404) 037-4423	1,00	104 / 037-4420	
X Applicant/Inventor.				
Assignee of record of t	he entire interest. See 37 CF	FR 3.71.		
Statement under 37 Cl	FR 3.73(b) is enclosed. (Form	m PTO/SB/96)		
	SIGNATURE o	of Applicant or Assignee of R	ecord	
Name Frederic CH				
Signature Date (2)	Materiaria		Telephone	
NOTE: Signatures of all the inventor		ntire interest or their representative		
forms if more than one signature is n		nure interest of their representative	(3) are required. Outstill multiple	
Total of 3	forms are submitted.			

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Application Number	10/807,712				
Filing Date	03/19/2004				
First Named Inventor	Jean-Christophe B	NIANNC			
Title	Packaging System,	Apparatu			
Art Unit	3721	Method			
Examiner Name		-			
Attorney Docket Number	D-7888				

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I hereby appoint:					
Practitioners associated v	with the Customer Number:				
OR					
X Practitioner(s) named bel	ow:				
	Name	<u> </u>	Pogistration Number		
	Thomas Donald Micha Terry B Daniel I	A. Boshinski, reg. no. 30,611 L. Bowman, reg. no. 46,432 lel V. Drew, reg. no. 30,832 B. McDaniel, reg. no. 28,444 B. Reece IV, reg. no. 33,998 niko Suzuki, reg. no. 36,321			
as my/our attorney(s) or agent(s Trademark Office connected the	b) to prosecute the application	. •	ct all business in the United States Patent and		
OR	correspondence address for ed with the above-mentioned (ed with Customer Number:	• •	to:		
OR					
X Firm or Individual Name		MeadWestvaco Corporation Law Department	1		
Address Address		4850 North Church Lane, S	E		
City		Suite D	Zip		
Country	USA	Smyrna, Georgia 30080			
Telephone	(404) 897-4425	Fax (4(04) 897-4426		
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of	f Applicant or Assignee of Re	cord		
Name Arnaud BOUT	IN				
Signature Signature			Talashara		
Date 1506 Co	ıl('		Telephone		
NOTE: Signatures of all the inventor forms if more than one signature is not the signature is not the signature.		ntire interest or their representative(s) are required. Submit multiple		
*Total of1	forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MA	Application Number	10/807,712
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	Filing Date	03/19/2004
	First Named Inventor	Jean-Christophe BONNAIN
	Title	Packaging System, Apparatu
	Art Unit	Method
INDICATION FORM	Examiner Name	3721
	Attorney Docket Number	D-7888

s and Therefor

I hereby appoint:			
Practitioners associated with the Customer Number:			
OR			
X Practitioner(s) named below:			
	Name -	<u> </u>	Penistration Number
Thomas A. Boshinski, reg. no. 30,611 Donald L. Bowman, reg. no. 46,432			
Michael V. Drew, reg. no. 30,832			
Terry B. McDaniel, reg. no. 28,444			
Daniel B. Reece IV, reg. no. 33,998			
Tsugihiko Suzuki, reg. no. 36,321 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and			
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Please recognize or change the correspondence address for the above-identified application to:			
The address associated with the above-mentioned Customer Number:			
OR			
The address associated with Customer Number:			
OR			
Firm or Individual Name	MeadWestvaco Corporation		
Address	Law Department		
Address	4850 North Church Lane, SE		
City	Suite D Smyrna, Georgia 30080		
Country	USA Siliyilla, Georgia 30000		
Telephone	(404) 897–4425	Fax (4	04) 897–4426
I am the: X Applicant/Inventor			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Name Jean-Christophe RONNAIN			
Signature			
Date 13/04/64 Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of forms are submitted.			

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